



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

July 27, 2011

Jane Grimes, Administrator  
Atkinson Residence  
4717 Main Street  
Newbury, VT 05051

Provider #: 0004

Dear Ms. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 17, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Enclosure

PC:ne



## Division of Licensing and Protection

JUL 14 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ licensing and Protection		(X3) DATE SURVEY COMPLETED  06/17/2011
NAME OF PROVIDER OR SUPPLIER  ATKINSON RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 4717 MAIN STREET NEWBURY, VT 05051		
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R100	Initial Comments:  An unannounced on-site licensing survey was completed from 6/16/11 to 6/17/11 by the Division of Licensing and Protection. The following are the results of the licensing survey.	R100	See attached document.		
R104 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.  (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	Per telephone conversation on 7/14/11 with Jane Grimes, completion date for all citations is <u>July 29, 2011</u> .  PmCoturn		

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0089

7LR211

Jane Grimes, R.L.; Director 7/14/11

If continuation sheet 1 of 10

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R104	Continued From page 1  the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.  This REQUIREMENT is not met as evidenced by: Based on records reviewed and interview, the home failed to to have a written admission agreement for 2 of 4 residents which describes the daily, weekly, or monthly rate to be charged and failed to include discharge and appeal rights on all admission agreements. Findings include:  1) Per record review done on 6/16/11, the home failed to provide evidence that there was a written admission agreement for Resident #1. This was confirmed by the manager on 6/17/11.  2) Per record review done on 6/16/11, the written admission agreement for Resident #3 did not describe the daily, weekly or monthly rate to be charged. This was confirmed by the manager on 6/17/11.  3) Per record review done on 6/17/11, the home failed to include wording in their admission agreement around a 30 day discharge notice and discharge and appeal rights. This was confirmed with the manager on 6/17/11.	R104			
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.	R128			

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R128	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow physician's orders for 3 applicable residents. (Resident #2, #3 and #4) Findings include:</p> <p>1) Per record review on 6/16/11, Resident # 2 had a physician order dated 5/11/11 that stated continue PM Clonazepam dose, discontinue AM Clonazepam dose. Per review of the MAR (Medication Administration Record) for June 2011, the Clonazepam was transcribed as Clonazepam 1 tab by mouth BID (twice a day). Give 1 tab (0.5 mg [milligrams]) by mouth twice a day. The manager confirmed on 6/17/11 that there was no evidence that staff followed the 5/11/11 physician orders.</p> <p>2) Per record review on 6/16/11, Resident # 2 had a physician order dated 12/16/10 for Flovent Inhaler 110 mcg (micrograms) twice a day. Per review of the MAR for May/June 2011, Flovent was only given once a day. The manager confirmed on 6/17/11 that there was no evidence that staff followed these physician orders.</p> <p>3) Per record review on 6/16/11, Resident # 2 had a physician order that read: Senokot (or equivalent) 1-2 tabs PO (by mouth) BID (twice a day) as needed for constipation. Wants to try regular dose q PM. Try one, if not effective try 2 tabs Q HS. Per review of the MAR for May/June 2011, the Senokot order was transcribed as Senokot 1 tab BID. The manager confirmed on 6/17/11 that there was no evidence that staff followed these physician orders.</p>	R128			

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R128	<p>Continued From page 3</p> <p>4) Per record review on 6/16/11, Resident # 3 had a physician order dated 6/2/11 that read Alphagan eye drops twice daily to right eye. Per review of the MAR for May/June 2011, Alphagan eye drops were only given once a day. The manager confirmed on 6/17/11 that there was no evidence that staff followed these physician orders.</p> <p>5) Per record review on 6/16/11, Resident # 3 had a physician order dated 6/4/11 that read Carb Levo 25/100 mg give whole tablet three times a day, still monitor for hypotension. Per review of the MAR for June 2011, There were two transcribed orders for Carb Levo (Sinemet). Carb/Levo 25/100 mg whole pill at 8 AM and 8 PM and 1/2 pill at 12 noon, and the new order for Carb Levo 25/100 mg give whole tablet three times a day. The manager confirmed on 6/17/11 that the Carb Levo order from 6/3/11 should of been D/C' d on the MAR.</p> <p>6) Per record review on 6/16/11, Resident # 3 had a physician order dated 6/4/11 that read Carb Levo 25/100 mg give whole tablet three times a day, still monitor for hypotension. Per review of the MAR for June 2011, it was transcribed to watch for Hypotension. There was no evidence that Resident # 3's BP was taken more than once since the MD order on 6/4/11. Per interview on 6/17/11 the manager confirmed that the B/P should have been monitored and documented on the MAR, treatment sheet or in progress notes. The manager confirmed that there was no evidence that staff followed these physician orders.</p> <p>7) Per record review on 6/16/11, Resident #4 had an order for Gabapentin 600mg, one tablet by mouth four times per day. Per review of the MAR,</p>	R128			

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R128	Continued From page 4  there was no documentation on 6/14/11 at 4 and 8 PM and 6/15/11 at 8 AM and 12 and 4 PM that Gabapentin was administered as ordered by the physician. This was confirmed by the manager on 6/17/11.	R128			
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to do an annual re-assessment on 1 of 4 applicable residents (Resident #2). Findings include:  1) Per record review on 6/16/11, the last recorded annual assessment on Resident #2 was completed on 5/27/10. Per interview and confirmed by the manager on 6/17/11 the annual assessment for Resident #2 was greater than 2 weeks overdue for completion.	R136			
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's	R162			

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R162	Continued From page 5  written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the facility failed to obtain a signed physician's order for all medications administered by staff to 1 of 4 applicable residents (Resident #1). Findings include:  1) There was no written, signed order from the physician authorizing the administration of Dramamine PRN, 1-2 tabs once a day for Resident #1. It was documented on the Medication Administration Record (MAR) that Dramamine was administered to Resident #1 on 6/14/11. The manager confirmed on 6/17/11 that there was no order from the physician to administer Dramamine.	R162			
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the	R167			

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R167	Continued From page 6 medication use.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, no written plan for the use of a PRN (as needed) psychoactive medication for 1 resident (Resident #3) was available to direct unlicensed staff on when to administer the medication or to assist unlicensed staff identify what behaviors to monitor for. Findings include:  1) Per record review on 6/16/11, Resident #3 had a physician order for Risperadol 0.25 mg PRN 1 tablet every 6 hours as needed for anxiety. It was confirmed with the manager on 6/17/11 that there was no written plan developed by the nurse to address what specific behaviors the medication was intended to address or what circumstances indicated the administration of the drug.	R167			
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication,	R171			



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R171	Continued From page 7 and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that there was proper documentation for the administration of medications for 1 of 4 residents (Resident #2) Findings include:  1) Per record review on 6/16/11, Resident #2 had an order for Vicodin 5 mg/500mg 1 tablet by mouth every 4-6 hours as needed. Per review of the MAR (Medication Administration Record) Vicodin was administered 5 times in the past 16 days where staff did not document the effect of the PRN medication given. This was confirmed by the manager on 6/17/11.  2) Per record review on 6/16/11, Resident #2 had an order for Tylenol 2 tabs by mouth three times a day as needed for pain. Per review of the MAR, Tylenol was administered by staff 32 times in the past 16 days where staff did not document the reason administered or the effect of the PRN medication given. This was confirmed by the manager on 6/17/11.	R171			
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services	R179			

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R179	<p>Continued From page 8</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that all employees providing direct care to residents completed the required annual training. Findings include:</p> <p>1) Per record review on 6/16/11, the home failed to demonstrate that the mandated training's on Resident Rights, and Abuse/Neglect and Exploitation were offered to direct care staff in the past year. This was confirmed by the manager on 6/17/11.</p>	R179			
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES	R181			

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R181	<p>Continued From page 9</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 1 of 3 current employees passed the abuse check registry. Findings include:</p> <p>1) Per record review done on 6/17/11, 1 of 3 current employees had no evidence in their employee record of an abuse registry check being completed. This was confirmed by the manager on 6/17/11.</p>	R181			

Atkinson Residence Plan of Correction For Survey of June 17, 2011

R 104 V. Resident Care and Home Services

SS=E

5.1 Admission

5.2 a Admission agreement has been revised to include data required by the State and will be updated on an annual basis or as specific data changes. Please see accompanying data.

R104 POC Accepted 7/26/11 Ameturn

R128 V. Resident Care and Home Services

SS=E

5.5 General Care

5.5. c Each resident's medication, treatment, and dietary services shall be consistent with physician's orders.

This will be accomplished by:

RN to transcribe all orders and communicate these to appropriate staff. Weekly RN review of records for changes and compliance along with communication to staff of any changes will be indicated by RN initials. This will assure that compliance is achieved in transcription of orders, communication of orders to appropriate staff including dietary staff, and for those assisting with treatments and supervising administration of the right medications to right patient, at the right time, via the right route, and in the right dosage.

All staff will receive in-service regarding review of orders to include importance of checking current orders before providing resident care. Title of in-service, instructor, time involved in in-service, and a brief outline of course content will be maintained on file. Staff supervising administration of medications or assisting with treatments will receive annual review of procedure and have documented proficiency in the procedure.

New staff who are required to supervise medication administration or assist with treatments will receive in-service and also be assessed by RN for safe and proficient procedure prior to being responsible for this activity.

R128 POC Accepted 7/26/11 Ameturn

R130 V. Resident Care and Home Services

SS=D

R136

5.7 Assessment

5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.

This will be accomplished by:

RN to review each resident's chart to assure that records contain pertinent data needed to provide safe effective resident care to include no less than an annual assessment of resident's status. This assessment will be completed and placed in resident's record annually and as changes occur in mental or physical status or both. Changes will be discussed with staff and treatment plans adjusted accordingly.

R136 POC Accepted 7/26/11 *[Signature]*

R162 V. Resident Care and Home Services

SS=D

5.10 Medication Management

5.10.c. Staff will not assist with or administer any medication, prescription, or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.

This will be accomplished by:

Prior to admission all medications including over-the-counter medications will be reviewed with resident, family, and physician to assure that there is supporting diagnosis or problem statement requiring the medication. On admission RN will transcribe all orders and communicate these to appropriate staff.

All staff will attend in-service regarding review of orders to include emphasis on resident's safety and importance of verifying physician's orders prior to administering medications or assisting with treatments to assure that no medication is given without a physician's order and no treatments given without physician's orders. Title of in-service, attendees, instructor, time involved in the in-service, and content will be kept on

file for quality assurance.

R162 POC Accepted 7/26/11 Pmcoturn

(R167) 5.10.d. If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This will be accomplished by:

Whenever a psychoactive medication is prescribed by the physician for PRN use, the RN will clarify on the MAR and treatment plan behaviors the medication is intended to correct or address; specify the circumstances that indicate the medication's use; and will educate the staff about what desired effects and undesired side effects must be monitored and documented should they occur; addressing the time of, reason for and specific results of the medication used to assure its effectiveness in treating resident's symptoms. Adverse reactions will be reported to physician immediately.

All staff responsible for supervising medication administrations will attend in-service regarding review of orders for effective use of PRN medications to include emphasis on resident's safety and importance of verifying physician's orders prior to administering medications, documenting reason for medication, time of medication and its effectiveness of treating symptoms and or any side effects. Title of in-service, attendees, instructor, time involved in in-service, and content will be kept on file for quality assurance

R167 POC Accepted 7/26/11 Pmcoturn

R171 V Resident Care and Home Services

SS=E

5.10.g Home must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At minimum, this shall include:

- 1) Documentation that medications were administered as ordered;
- 2) All instances of refusal of medications, including the reason why and the actions taken by the home;

- 3) All PRN medications administered, including date, time, reason for giving the medication, and the effect;
- 4) A current list of who is administering medications to the residents, including staff to whom a nurse has delegated administration; and
- 5) For residents receiving psychoactive medications, a record of monitoring side effects.
- 6) All incidents of medication errors.

This will be accomplished by:

RN, on admission, will transcribe all orders and communicate these to appropriate staff.

Weekly RN reviews of records for changes and compliance, along with communication to staff of any changes, will be indicated by RN initials. This will assure that compliance is achieved in transcription of orders, communication of orders to appropriate staff including dietary staff, and for those assisting with treatments and supervising administration of the right medications to right patient, at the right time, via the right route, and in the right dosage.

The medication administration record will identify staff whom RN has delegated to administer medications, medications to be administered as ordered, date and time to be given. Medications not given will be circled and initialed by staff supervising medication administration for that time. Notation on the medication sheet will note why medication was not given. Physician will be notified if a medication is omitted and the reason for omission. PRN meds administered including date time, reason for giving, and effectiveness. Whenever a psychoactive medication is prescribed by the physician for PRN use, the RN will clarify on the MAR and treatment plan, behaviors the medication is intended to correct or address; specify the circumstances that indicate the medication's use and educate staff on importance of documentation. Medication errors identified at time of incident will be recorded and tracked by RN for quality assurance purposes.

All staff supervising administration of medications or assisting with treatments will attend annual in-service regarding review of orders to include emphasis on resident's safety and importance of verifying physician's orders prior to administering medications or assisting with treatments. In-service will include appropriate use of the MAR to confirm medication administration with date, time, effects or suspected side effects of PRN medications. In-service will include procedure for reporting medication errors when discovered. RN will assess staff proficiency and safety in procedures. Title of in-service, attendees, instructor, time involved in in-service, and content will be kept on file for quality assurance. New staff who are required to supervise medication

administration or assist with treatments will receive in-service and also be assessed by RN for safe and proficient procedure prior to being responsible for this activity.

R171 POC Accepted 7/26/11 Pmcoturn

#### R179 RESIDENT CARE AND HOME SERVICES

SS=E

##### 5.11 Staff Services

5.12 5.11.b Atkinson Residence will ensure that staff demonstrate competency in skills and techniques they are expected to perform prior to providing direct care to residents. 12 Hours of training each year shall be provided to each staff member providing direct care to residents. The training will include resident's rights; fire and safety emergency evacuations; resident emergency response procedures such as the Heimlich maneuver, accidents, police and ambulance contact, and first aid; policies and procedures regarding mandatory reports of abuse, neglect, and exploitation; respectful and effective hand washing, handling of linens, maintaining clean environments; blood borne pathogens and universal precautions; and general supervision and care of the residents.

This will be accomplished through orientation of new staff members to include 12 hours of training along with demonstration by staff that they are understand content and can utilize this to provide quality resident care. Staff members will be required to complete 12 hours of mandatory in-service training annually with documentation of successful completion maintained in personnel records.

RN will assess competencies prior to staff providing direct resident care. RN will track in-services for staff members to assure competencies are reviewed in a timely manner.

R179 POC Accepted 7/26/11 Pmcoturn

#### R181 V. RESIDENT CARE SERVICES

SS=D

##### 5.11 Staff Services

5.11.d Atkinson Residence shall have on staff no person who has had a charge of abuse, neglect, or exploitation substantiated against him or her as defined in 33 V.S.A Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft, or misuse of funds or property, or crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. Atkinson Residence shall take all reasonable steps to comply with this requirement, including but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S. A 691 to see if prospective employees are on the abuse registry or have a record of conviction.



This shall be accomplished by review of applicant's data prior to hire, interview with applicant prior to hire, and obtaining background check from the State of Vermont Division of Licensing and Protection prior to hire to assure that safety and well being of residents are not compromised. Copies of this data shall be placed in employee's personnel file.

Background check had been completed on all employees at the time of survey but one was not properly filed in the employees personnel record.

R181 POC Accepted 7/26/11 JMCoturn